DOCUMENT RESUME

ED 341 221 EC 300 896

TITLE Information and Referral in Texas: A Plan To Improve Services. Report of the Texas Information and Referral Task Force.

INSTITUTION Texas Health and Human Services Coordinating Council, Austin.; Texas Interagency Council on Early Childhood Intervention, Austin.; Texas Planning Council for Development Disabilities, Austin.

SPONS AGENCY Texas Rehabilitation Commission, Austin.

PUB DATE Feb 91

NOTE 42p.

PUB TYPE Guides - Non-Classroom Use (055) -- Viewpoints (Opinion/Position Papers, Essays, etc.) (120)

EDRS PRICE MF01/PC02 Plus Postage.

DESCRIPTORS Agency Cooperation; Clearinghouses; Community Information Services; Cost Effectiveness; *Developmental Disabilities; Eligibility; *Information Services; Networks; Publicity; *Referral; State Programs; *State Standards; *Statewide Planning

IDENTIFIERS *Texas

ABSTRACT

This Texas plan to improve information and referral services in the area of developmental disabilities recommends an approach which focuses on providing improvements incrementally, spacing benefits over time, and periodically reassessing direction, alternatives, and costs/benefits. The plan stresses building a network which provides greater public awareness of available information and referral services; improved access to statewide and local information about services and eligibility criteria; and better coordination among local, regional, and state information providers. Five specific recommendations are made: (1) establish a partnership of business, government, and voluntary organizations to oversee plan implementation; (2) identify all existing information and referral (I&R) programs and develop, publish, and distribute a directory of these programs; (3) establish local, regional, and statewide networks of I&R programs by facilitating communication and cooperation among them; (4) promote model standards for I&R programs; and (5) develop an automated clearinghouse of information on state-provided health and human services including general eligibility requirements, available services, and application procedures. (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED341221

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

EC

Texas Health and Human Services Coordinating Council
Texas Planning Council for Developmental Disabilities
Texas Interagency Council for Early Childhood Intervention

Information and Referral in Texas: A Plan to Improve Services

February 1991

Report of the Texas Information and Referral Task Force

EC 300896

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Bobbie Davis
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BEST COPY AVAILABLE

Information and Referral in Texas: A Plan to Improve Services

February 1991

Report of the Texas Information and Referral Task Force

A plan prepared on behalf of the Texas Information and Referral Task Force by Ilene Gray and Andersen Consulting

Funded on behalf of the Texas Planning Council for Developmental Disabilities by a grant from the Texas Rehabilitation Commission to the Texas Health and Human Services Coordinating Council.

TEXAS INFORMATION AND REFERRAL TASK FORCE

Carol Kirchem Price, Project Director
Texas Health and Human Services
Coordinating Council

Roger Webb, Convenor
Robbie Davis, Alternate
Texas Planning Council for
Developmental Disabilities

Texas Endsley
East Texas Area Agency on Aging

Carri George
Directors' Association of Texas
Independent Living Centers

James Grabbs
Peggy Davidson Seely, Alternate
Texas Department on Aging

Sally Griffin
Kerby Spruiell, Alternate
Texas Department of Human Services

Ann Henry
Texas Department of Health

Pam Kellough
Consumer

Alvin LeBlanc, M.D.
University of Texas Medical Branch at
Galveston

William S. Link
Peggy Boice, Alternate
United Way of Texas

Spencer McClure
Texas Council of Community Mental
Health and Mental Retardation
Centers

Mary Elder, Convenor
Donna Samuelson, Alternate
Texas Interagency Council for
Early Childhood Intervention

Federico Miller
Texas Education Agency

Carol Nasworthy, Ph.D.
Texas Employment Commission

Bob Packard
Texas Commission for the Blind

Clare Pramuk
Scott Lamson, Alternate
Texas Rehabilitation Commission

Jan Rienstra
Texas Department of Mental Health
and Mental Retardation

Clare Rothmeyer
Texas Alliance of Information and
Referral Services
Community Council of Greater Dallas

Dick Schoech, Ph.D.
University of Texas at Arlington

David Sloane
Advocacy, Inc.

Gail Treece
Texas Alliance of Information and
Referral Services

Dimas Vasquez
Consumer

INFORMATION AND REFERRAL IN TEXAS: A PLAN TO IMPROVE SERVICES

TABLE OF CONTENTS

		PAGE
I.	EXECUTIVE SUMMARY	I-1
II.	INTRODUCTION	II-1
	A. Background	II-1
	B. Plan Development	II-2
	1. The Texas Information and Referral Task Force	II-2
	2. Study of Public Needs and Current Practices	II-3
	a. Methods	II-3
	b. Findings	II-4
	c. Implications	II-6
	C. Approach and Issues	II-7
III.	ACTION PLAN	III-1
	A. Programmatic and Organizational Recommendations	III-1
	B. Preparing For The Future: Technology Opportunities	III-11
	C. Fiscal Feasibility	III-17
IV.	CONCLUSION	IV-1

"The most formidable barrier to access to the Texas system..... is the lack of knowledge about what is available. Services unknown are services which are unavailable."

Person seeking information and help

"I would like to not only commend your efforts, but stress how important a national model would be if Texas succeeds. Achieving a truly workable 'network' of properly supported information and referral providers throughout your state that actually make quality information and referral readily and clearly available to the public would be a national first."

Norman L. Maas, President
National Alliance of Information
and Referral Systems

I. EXECUTIVE SUMMARY

The Texas Information and Referral Task Force was convened in April, 1990 by the Texas Planning Council for Developmental Disabilities, the Texas Health and Human Services Coordinating Council, and the Texas Interagency Council for Early Childhood Intervention. This Task Force was charged with the responsibility of developing a plan for a statewide generic information and referral system for health and human services. Following a study of public needs and current services, practices and issues, the Task Force recommends an approach which focuses on providing improvements incrementally, spacing benefits over time. Fundamental to this approach is a periodic reassessment of direction at the completion of each phase in the process to evaluate alternatives and select the course which promises the most significant benefits at the most reasonable cost.

The first phase in this approach is the implementation of five programmatic and organizational recommendations which will both improve services and provide a basis upon which to evaluate, plan and build for the future. This plan describes these five recommendations. They center on building a network using current systems as a foundation, thereby facilitating movement toward:

- Greater public awareness of available information and referral services,
- Improved access to accurate, current, comprehensive statewide and local information about available services, and general eligibility criteria, and
- Better coordination among local, regional, and state information and referral providers.

Recommendation 1:

- **Establish a partnership of business, government and voluntary organizations to oversee the implementation of the plan. This group will spearhead the initial effort and provide the impetus and support to ensure continual progress.**

Recommendation 2:

- **Identify all information and referral (I&R) programs meeting the Task Force definition. Develop, publish, and distribute a directory of these programs, including a profile of each. This directory will facilitate the use of existing I&R services to meet community needs and will make information on all Texas I&R programs available throughout the state.**

Recommendation 3:

- **Establish local, regional and statewide networks of I&R programs by facilitating awareness, communication and cooperation among them. This will include publication of newsletters, facilitation of local I&R meetings, the development of regional and statewide conferences, and the identification and publicizing of model programs and services.**

Recommendation 4:

- **Promote model standards for I&R programs and provide incentives for and assistance in implementing these standards. The adoption of these standards will improve the quality and consistency of services and lay the foundation for future steps, including the widespread use of information technology.**

Recommendation 5:

- **Develop an automated clearinghouse of information on state-provided health and human services including general eligibility requirements, available services, and procedures for applying for services.**

Implementation of these recommendations will significantly increase the effectiveness of the delivery of information and referral services in Texas - and will result in the increased coordination and standardization needed to position I&R services for future improvements. They can be implemented at a relatively low cost, with no disruption in services, and without superimposing additional systems or cumbersome layers. Implicit in this approach is the principle that existing state and local information and referral services should be used to build information and referral networks, thereby reducing unnecessary duplication and competition, providing broad-based ownership of the network and fostering efficient organization of resources. Throughout the implementation process, opportunities for public/private partnerships and creative ways to acquire and combine resources will be actively pursued.

The time is right to begin a process of strengthening and improving information and referral services. The key players are committed to coordinating, maximizing the effective use of scarce resources, and positioning the information and referral practice in Texas for future enhancements. The potential is great for building a network of services which meets the requirements of federal and state mandates for information services, makes optimal use of public and private resources and ultimately - provides a visible and easily accessible way for people to find the services they need.

II. INTRODUCTION

A. BACKGROUND

> *"I think that there are lots of people like me, juggling all sorts of problems. Yeah, I need information to help my kid. But I've also got a mother in Amarillo with Alzheimer's. I don't know how much longer my dad can keep taking care of her and I have no idea what programs or services might be able to help. And my sister has been calling me often. Her husband has been drinking too much and I think he is abusing her and the kids. I don't know. I guess I'm just seen as the "responsible one" in the family. But I can't keep up. I have no idea how to even* **begin** *to find help for everyone."*
>
> (Father of a child with muscular dystrophy)

Trying to find health and human services can be exasperating. The ever-changing patchwork of public, private, federal, state, and local services - pieced and re-pieced together over many years - is complex and fragmented. The result is a tangle of overlapping and "underlapping" programs that makes it difficult to determine what services are available and who might qualify for them. There is no simple solution. Mandates for interagency coordination, information sharing, and communication help. Mandates for agencies to provide information and referral (I&R) services also help. But because of the specialized focus of many programs, those who provide information and referral have, themselves, often become part of the maze through which they should offer guidance. There are many excellent and widely used systems that address multiple programs and services, but they are not always well coordinated with specialized I&R services in the same community or with state-level I&R services. Some communities have no broadly applicable systems, while others that do exist are not well publicized. There are seldom linkages among different communities. Without help to identify and find services, it is too easy for people to become lost in the confusing and complicated human services system.

The needs for more readily accessible, comprehensive information and referral services and enhanced citizen awareness of existing services have been documented repeatedly over the years. The report of The Special Committee on Delivery of Human Services (1980) noted that:

> *"..... one of the most frustrating and wasteful aspects of the service delivery system is the difficulty experienced by the clients in accessing the system. A person in need must know enough about the Texas human service delivery system to know which agency to contact for a service. ....."*

The need for comprehensive I&R services, available statewide, was confirmed by a 1981 Task Force of state agencies and advocacy organizations convened by the United Way of Texas and by reports such as the Texas Health and Human Services Coordinating Council's 1985 Report on the Homeless.

More recent forums, meetings, surveys and interim studies have echoed the importance of public awareness of and access to information about health and human services, especially for certain populations. Among these have been the staff report to the Texas Senate Committee on Health and Human Services, The Needs of Medically Fragile and Chronically Ill Children and their Families; the Texas Health and Human Services Coordinating Council (THHSCC) report, Children and Youth in Texas: A Proposal for Coordinated Services; the United Way 1991 Texas Regional Pre-Legislative Forums; and public meetings and surveys conducted by the Texas Department of Human Services (TDHS), the Texas Planning Council for Developmental Disabilities (TPCDD), the Texas Department of Health (TDH), The Texas Department of Mental Health and Mental Retardation (TDMHMR), the Texas Department on Aging (TDOA), and the Texas Rehabilitation Commission (TRC).

B. PLAN DEVELOPMENT

1. The Texas Information and Referral Task Force

To address the need for comprehensive information on available health and human services, the Texas Planning Council for Developmental Disabilities provided the Texas Health and Human Services Coordinating Council with a grant to develop a plan for a statewide, generic information and referral system. The initial impetus for the TPCDD's action was testimony at their forums which addressed the need for information and referral for families of people with developmental disabilities. But the Council recognized that the need was much broader, because people's many problems do not fall into neatly compartmentalized categories corresponding to agencies, service delivery areas and programs. Information about human services should be available across service needs, programs, geographic areas and populations. To develop a plan to improve statewide access by all citizens to comprehensive information about health and human services, a broad-based group of interested parties and stakeholders was convened by the TPCDD, the THHSCC and the Early Childhood Intervention Program (ECI). Members of this Texas Information and Referral Task Force included representatives of state agencies, advocacy groups, services providers, and consumers.

The Task Force met five times. They adopted definitions, a mission statement and guiding principles; prioritized needs and goals; and drafted this plan for improving information and referral services. At the final Task Force meeting, in January 1991, the Task Force reviewed public comments, approved the plan, and discussed the formation of a coalition to spearhead follow-up activities. Action is now being initiated to mobilize for implementation of the recommendations in the plan.

2. Study of Public Needs and Current Practices

a. Methods

Between April and August of 1990, a study was conducted to provide the Task Force with information to assist them in the development of the plan. This study consisted of:

- A broad, general, open-ended survey of public needs, I&R resources, federal and state mandates, and state agency policies and practices.
- Interviews with consumers, family members, technical experts, volunteers, health and human services providers, representatives of advocacy groups, professional organizations, disability groups, the United Way of America, the Alliance of Information and Referral Systems (AIRS), local Councils of Government, library systems, and I&R experts in Texas and in other states.
- Research on the history of I&R practices, key issues, state systems, and potentially applicable technology.
- Analysis of detailed questionnaires completed by I&R providers. Topics covered included:
  - Information and referral service content
  - Use of information and referral services
  - Maintaining and updating information
  - Community relationships among information and referral providers
  - Staffing and training
  - Funding
  - Data collection and services evaluation
  - Functionality and the technical environments of existing automated information and referral systems.

b. Findings

The full report of this study, Information and Referral in Texas: Needs, Resources, and Opportunities is available from the Texas Health and Human Services Coordinating Council.

Major findings in this study included:

- **The needs were remarkably similar across populations, services needs and geographic areas.** The three most commonly identified needs were for:
  - Greater public awareness of available information and referral services.
  - Improved access to accurate, current, comprehensive statewide and local information about available services and general eligibility criteria.
  - Better coordination among local, regional, and state information and referral providers.
- **Although there was broad general concurrence on the basic needs cited above, thorny and competing issues emerged in discussions about a statewide system.** The complexities of these issues hindered the formulation of a crisp, straightforward picture of the ultimate goal. Moving toward increasingly comprehensive, accessible information and referral services will be a challenging endeavor, requiring a deliberate step-by-step approach.
- **The study of formally organized information and referral service providers revealed a fragmented system of primarily locally-operated and autonomous services.** Providers share a sincere commitment to their work and to the common, laudable goal of providing current, helpful information to help people find services. But they operate very differently in the ways in which they organize and catalogue data, maintain their information and manage their programs.
- **State agency policies, practices and mandates provide assistance, but sometimes contribute to the confusion.** Several public agencies and programs in Texas operate under specific federal and state mandates and regulatory authorities to provide information and referral to the people they serve.

In addition, agencies typically provide information and referral far beyond their specific mandates to do so. Many have developed policies and formal and informal practices to ensure that people know where to find a broad array of services.

At the direct services level, information and referral is recognized as an integral part of solid casework and coherent case management. Proactive and compassionate field staff thus often venture beyond agency policy and practice to help the people they serve:

> *"Our policy manual doesn't say anywhere that I have to try to find other kinds of help for my clients' families. But I do it all the time. Most of us do....."*
>
> (State agency caseworker)

At the state office level, many agencies have established inquiries and public information offices in order to centralize the point where requests are received and to ensure consistency in the responses given to individual requests for information.

- **Both consumers and professionals most frequently cited formally organized information and referral service providers as excellent sources of information.** The generic comprehensive United Way affiliated programs and directories were named more than twice as often as the next most frequently cited resource. But people seek and find information about human services from an amazingly diverse group of sources, most of which are also providers of other health and human services. Among those mentioned as good sources of information were the Salvation Army, State agencies, hospitals, churches, disability organizations, advocacy groups, networks for special populations and services, libraries, legal aid offices, physicians, Chambers of Commerce, battered women's shelters, Independent Living Centers, and community services centers.

c. Implications:

- **Comprehensive, easily accessible and accurate information about a broad array of services must be easily accessible to consumers and their families and to the myriad of service providers, churches, hospitals, disability organizations, agency case managers, and others who help to guide consumers to the right sources of assistance.** It is vital for the State of Texas to provide easy access to information for the citizens who need human services, to the service providers to whom people often look for information and to the staff of state agencies who provide information and referral as an important part of their jobs. The availability of solid, comprehensive, easy-to-use information and referral programs would be a valuable tool to increase the effectiveness and efficiency of services provided by state agencies and other services providers. Time used by state agency field staff and by other services providers to seek and relay information could be more productively devoted to the provision of services in their realms of expertise.

- **The diversity in approach revealed in this study is particularly important when viewed against the vision of using technology to provide a framework for a statewide network.** Surprisingly, only 12% of the respondents currently use automated information systems to maintain program and provider information to assist in making referrals. It does appear, however, both because of the recent proliferation of software being marketed commercially and because of the continuing decline in the cost of automation, that this situation will soon change. It is important that improved public awareness, coordination and standardization occur before large scale automation imbeds the current diversity of approach in the automated environments that will follow. Certainly, technology exists to link disparate environments. But the cost to achieve and maintain these linkages once diverse technical environments are in place will far outweigh the cost of early coordination.

- **As work proceeds, there must be full cognizance of the complexity of the tasks ahead.** Every potential solution comes with its share of new problems; each is an imperfect compromise among competing values and perspectives. But the time is right to begin a process of enhancing information and referral services. Consumers, families, I&R providers and other stakeholders are eager for scarce resources to be used judiciously.

C. APPROACH AND ISSUES

"Information and referral" means different things to different people--from simply linking people to services, through various degrees of follow-up, feedback, assessment and eligibility determination, to -- in a few instances -- actual case management. For the purposes of this project, information and referral was defined by the Task Force as comprised only of the informing, guiding, directing and linking of people to services. Follow-up may be included to verify the accuracy of information, to evaluate program performance and to maximize the effectiveness of the I & R service.

The following specific definitions were adopted by the Task Force:

Information and Referral:

Information and referral is a service which informs, guides, directs and links people to appropriate human service resources.

Information and Referral Program

An information and referral program is one which is formally organized with the primary stated purpose of providing information and referral services. The program may be carried out by a discrete organization or as a separately organized part of an organization with a broader mission.

Purposes of an Information and Referral Program:

1. To link the inquirer with available, appropriate and acceptable human service resources.
2. To use the data of an information and referral reporting system for human service resources planning, program development, public awareness, advocacy and evaluation.

Information and Referral in Texas:

A Plan to Improve Services

MISSION STATEMENT

The mission of the Texas Information and Referral Task Force is to produce a strategic plan for a statewide, generic health and human services information and referral system which will provide a visible and easily accessible way for all citizens of Texas to find human service resources.

GUIDING PRINCIPLES

1. A broadly visible and popularly-understood way to provide information and referral services can be an integral part of the overall solution to people's health and human services needs.
2. Information and referral should be designed to be responsive to information needs of the public and to empower people to meet their human service needs.
3. Information and referral programs, services, and systems are most effective when local communities and groups are committed to, involved in and fully supportive of those programs.
4. Information and referral services must be accessible to all persons regardless of income level, service needs, disability, or demographic characteristics.
5. Information on statewide and local public and private programs should be included and maintained.
6. Local information and referral services should be used to build information and referral networks, thereby reducing unnecessary duplication and competition, providing community-based ownership of the network and fostering efficient organization or resources.
7. Cooperative planning with, and support of, specialized information and referral services is vital.
8. Ease of use and maintenance, cost-effectiveness, accuracy, timeliness, comprehensiveness, and quality of information should be key considerations as the plan is developed.
9. Diverse means of access to information should be available to meet the needs of the individual user. Direct personal contact for obtaining information should always be available.
10. Personnel who provide information and referral services should be compassionate, well-trained specialists who are responsive to people's needs and are able to discern underlying issues, ask perceptive questions, and provide accurate, pertinent information.
11. Individuals are entitled to personal privacy and all information and referral services must guarantee this by protecting against the unauthorized disclosure of confidential information.
12. Information and referral should enhance the ability of service providers to assist individuals in locating services.
13. An important component of information and referral is the uniform collection of aggregate data to document community needs and gaps in services for use in advocacy, planning and evaluation.
14. Organizational structures established or used for the ongoing administration and funding of the network must be flexible enough to meet diverse local needs, while assuring statewide adherence to legislative intent and professional standards which are approved or adopted.
15. Funding from multiple public and private resources should be actively pursued, including opportunities for corporate sponsorship.

The mission statement and guiding principles adopted by the Task Force are shown on the preceding page. Developing these and agreeing upon the goals of improving public awareness, coordination and accessibility of information and referral services were relatively straightforward tasks upon which the Task Force readily reached agreement. But throughout the Task Force meetings and many informal discussions held during the course of the planning effort, it was clear that, though the participants were committed to improving the effectiveness of the delivery of I&R services in Texas, no single, long-term solution could be identified which all of the participants could actively support.

Indeed, the intentionally diverse makeup of the Task Force virtually assured a wide range of disparate opinions about what changes were needed and how they could best be implemented. Consumers want information and referral to provide an efficient point-of-access to services, be a help in negotiating the complex maze of programs, and serve as a ready support in times of trouble. Services providers believe I&R should provide an effective means of reaching target clientele and be a back-up resource in addressing multiple client needs. To human service planners, I&R should be a repository of current data describing the needs and services of the community. Funding agencies would like to rely on I&R to channel limited resources and to help people help themselves before problems become more severe and costly to resolve.

Thus, the issues identified by the Task Force were those about which a wide range of supportable, but often contradictory, positions were held. Task Force members, consumers and I&R providers stressed the importance of:

> Local control and community ownership .....and statewide consistency, standards and accountability,
>
> Privacy and confidentiality, especially for those hesitant to seek help.....and the compilation of information on the demographic characteristics of callers and on their services requests,
>
> A commitment to a comprehensive general information system for all human services needs.....and a zealous focus on particular client groups, and their specialized needs,
>
> A clear unabashed commitment to the consumer's needs coming first.....and the desire for aggregate data to use for advocacy, planning and evaluation,

A philosophical belief in the need for "one-stop information" .....and day-to-day working relationships with many I&R providers in the same community,

Integrity of their own system of classifying and organizing information about services.....and the ability to communicate easily with other I&R providers who have very different classification systems of which they are equally proud,

Creative public/private partnerships with many diverse sources of funding.....and few and simple reporting requirements,

Increased public awareness of information and referral.....and controlling referrals to many public and private agencies which are already straining from lack of resources to serve clients they already have.

Strong consensus was reached, however, on certain objectives which can significantly improve the delivery of I&R services in the short term and provide a foundation for building future consensus on longer term actions. Based on this consensus, the Task Force recommends an approach which focuses on providing improvements incrementally, spacing benefits over time as costs are incurred. Fundamental to this approach is a periodic reassessment of direction at the completion of each phase in the process to evaluate alternatives and select the course which promises the most significant benefits at the most reasonable cost.

The first phase in this approach is the implementation of five programmatic and organizational recommendations which will both improve services and provide a basis upon which to evaluate, plan and build for the future.

Future phases will be based upon the outcomes of the recommendations implemented in the first phase. Long term direction and the changes that will be required will thus be speculation until these outcomes can be evaluated. Without doubt, the widespread use of information technology will be a key to achieving the goals and objectives of this future direction, but until that direction can be more clearly defined, the application of technology as a part of a long term solution can be discussed in broad terms only.

III. ACTION PLAN

A. ORGANIZATIONAL AND PROGRAMMATIC RECOMMENDATIONS

The Texas Information and Referral Task Force found that the desired goal of more effective, comprehensive and accessible information and referral can be achieved without major systems change at this time - and with minimal cost. The following five recommendations will build upon the current structure, enhancing existing I&R programs to improve the coordination, quality and availability of services.

While many challenges exist to implementing these recommendations, the assessment of the Task Force is that they represent the most cost-effective and achievable approach for implementing a statewide network of coordinated I&R services.

Recommendation 1:

-- Establish a partnership of business, government and voluntary organizations to oversee the implementation of the plan.

Recommendation 2:

-- Identify all I&R programs meeting the Task Force definition. Develop, publish, and distribute a directory of these programs, including a profile of information on each.

Recommendation 3:

-- Establish local, regional and statewide networks of I&R programs by facilitating awareness, communication and cooperation among them.

Recommendation 4:

-- Promote model standards for I&R programs and provide incentives for and assistance in implementing these standards.

Recommendation 5:

-- Develop an automated clearinghouse of information on state-provided health and human services including general eligibility requirements, available services, and procedures for applying for services.

It is vital that the first phase, implementation of these first five recommendations, begin and proceed quickly. Although only a minority of I&R providers are currently using automation to support services delivery, that situation will likely change soon. Many I&R programs are now considering or actively pursuing automation of their current programs, as it is increasingly recognized that judiciously used information technology can free more staff time to be devoted to helping people. The improved coordination, communication, and standardization recommended in this plan not only will improve current services, but are necessary prerequisites for the subsequent consistent and uniform application of information technology. Once many technically and functionally diverse information systems, each meeting the particular needs of the I&R it supports, are in place, the cost of systems change or linkages will be formidable. Proactive and prompt collaboration and coordination are therefore critical. There is a "window of opportunity", but that window will likely close soon.

1. Establish a Business, Government and Voluntary Partnership

To garner the cooperation, active support and continuing momentum necessary to implement this plan, the commitment of a consortium of players - government, business and voluntary groups - will be required. The Task Force recommends the establishment of an oversight committee composed of leaders in each of these areas. This oversight committee will provide vision and direction and will champion the plan, each bringing its own special resources to bear in the most effective way. For some, this might include funding support, for others it might entail the donation of equipment or office space, and for still others, the donation of human resources. All will be expected to foster commitment and cooperation in their respective quarters to ensure that the resources and support needed to implement the plan are made available.

However, it is impractical to expect a group such as that described above to effectively perform the day-to-day activities that will be necessary to implement this plan. The myriad of details which will need to be addressed and the importance of coordinating with many organizations at state, federal and local levels will necessitate a smaller group with a breadth of knowledge about the services provided at each of these levels. For this reason, it will be necessary to identify a group with the appropriate skills and the charter to spearhead the actions recommended by the oversight committee.

A key criteria in selecting the appropriate organization for this role is the need for an unbiased and objective approach for supporting all I&R programs. It is unlikely, in the Task Force's opinion, that an organization with responsibility to specific target populations could provide this objectivity.

The organization selected to form this locus for coordination of I&R services should have a working understanding of the health and human services programs administered by state, federal and private organizations as well as detailed knowledge of the sources of funding for these programs and the process by which funds can be obtained in the public and private sectors. This organization should have a cooperative relationship with the major state and federal health and human service agencies, as well as with other organizations such as the United Way, AIRS and the Texas Alliance of Information and Referral Services (TAIRS).

Based on the recommendations of the Task Force, a logical choice to form the core of this group is the Texas Health and Services Coordinating Council (THHSCC). The Council's mandate in Title 9, Chapter 131.004(5) of the Human Resources Code, in fact, addresses I & R, specifying that the Council may "provide a central information and referral source concerning health and human services." Based on the current review of the THHSCC by the Sunset Commission, the Task Force realizes the Council may be succeeded by another entity or entities in the future. However, the Task Force recommends the responsibility for coordinating I&R services remain with the THHSCC or its successor(s), and that its mandate for coordinating statewide I&R services be strengthened by legislative action.

To carry out the following four organizational and programmatic recommendations, the THHSCC must acquire resources for staff knowledgeable of information and referral practices and issues. These staff must be skilled in coalition building; identifying potential resource pools and leveraging funding; obtaining public and private support; developing, organizing and evaluating programs; and providing consultation, training and technical assistance.

For this plan to succeed, it must have active, visible champions at both the state and policy-making level and at the service delivery level.

Action Steps:

Providing an effective transition from the current Task Force to a broad partnership such as that described above will require an orchestrated series of actions. The approach should first focus on those organizations which can provide the strongest support in each of the areas identified. The following steps, carried out by the THHSCC, the TPCDD, ECI and a coalition of Task Force members, will be required:

- -- For each area, determine the key players needed.
- -- Determine the best recruiting approach to obtain the required commitment.
- -- Identify specific benefits of involvement for each potential participant.
- -- Recruit the key players

The members of the partnership will then develop resources, finalize the action plan and develop timelines to implement each of the programmatic and organizational recommendations, and the THHSCC will acquire and train information and referral program specialist staff.

Benefits:

- -- Ensures that the requirements of all stakeholders are addressed.
- -- Provides access to human, financial, and other needed resources.
- -- Provides access to funding and legislative authorities.
- -- Promotes grass roots awareness of I&R programs.
- -- Facilitates comprehensive program implementation across private, public, and voluntary boundaries.

2. Identify I&R Service Providers and Create a Comprehensive Directory

Another key point of consensus of the Task Force was to make use of the existing resources to the greatest extent possible, recognizing that many of these resources are already straining to meet the demand for their services. To ensure that these resources are used effectively and to minimize the duplication of services where possible, it is important to identify these resources and increase the awareness of their availability at both the statewide and local levels.

This will require an effort to create a comprehensive directory of I&R programs which will identify and make available to the public information about services currently available. This approach will improve the utilization of existing local and statewide services to meet public needs and will make information on existing I&R services available on a statewide basis.

Action Steps:

An essential first step to developing a generic statewide I&R system is the identification of all current components of such a system. This activity includes not only the identification of those programs which meet the definition adopted by the Task Force, but also the development of a profile of information on each program. The profile of information will include data such as the name and address of the organization, the target population served, and means of access. To facilitate effective searches of the data, it may be desirable to publish this directory in both hard copy and electronic formats. This activity will include the following steps:

- Develop a structure for a profile of information to be collected on each identified information and referral program. Input regarding the types of data to be included in the profile will be solicited from potential user groups.
- Develop an accessible and easy to use format for a directory of provider profiles.
- Identify local, regional, and statewide information and referral programs. State agencies, advocacy groups, the Texas Alliance of Information and Referral Services (TAIRS), and information and referral providers identified as a part of the study conducted in preparation of this plan will be consulted to develop this list.

- Develop a survey instrument to obtain profile information on each information and referral program.
- Collect, confirm, amplify, and clarify survey information.
- Develop a directory of Texas information and referral providers with a profile of information on each.
- Promote public awareness of the directory.
- Distribute the directory to I&R programs, state agencies other service providers, legislators, and other interested people and organizations.
- Develop methods and timeframes for updating the directory.

This directory of I&R programs can be completed in a relatively short time due to information currently available to the Task Force. This effort will provide immediate benefits to the citizens of Texas. A decision was therefore made by the Task Force to produce the directory as soon as possible, rather than waiting until this plan is adopted and implemented. Many of those involved in the current endeavor, including The Texas Alliance of Information and Referral Services, the Texas Department of Human Services, The Texas Planning Council for Developmental Disabilities, The Texas Council of Community Mental Health and Mental Retardation Centers, The Texas Health and Human Services Coordinating Council and the Texas Commission for the Blind, have volunteered resources to support the development of the directory. Funding has also been contributed by Southwestern Bell Telephone. The directory will be ready for distribution by May, 1991.

Benefits:

- Reduces consumer effort to locate needed services.
- Increases public awareness of available I&R programs.
- Promotes efficient use of existing I&R local and state resources.
- Enables I&R providers and other human service providers to refer clients with confidence and a solid base of knowledge, to I&R programs most likely to offer appropriate information.
- Allows identification of gaps in I&R services.
- Facilitates networking of I&R programs by providing each with information on program components of other providers.

3. Establish Local, Regional and Statewide Collaborative Networks of I&R Programs

Coordination of effort and efficient use of resources are dependent, in measure, on the ability of parties to communicate with one another. Information and referral programs in Texas are currently fragmented and largely autonomous. There are too few linkages within and among communities, and between state level and local services. Information and referral providers would benefit from collaborative consultation with others to spark creative thinking about innovative ways to meet client needs. Some of these needs are already being met through professional organizations such as TAIRS and local networking groups. Programs could be enhanced by additional networking especially in the areas of:

- Recruiting and retaining solid, sensitive, knowledgeable staff.
- Designing training that leads to higher-quality services.
- Developing funding and soliciting other contributions of resources.
- Designing effective, streamlined reporting procedures.
- Working with public and private agencies.
- Establishing partnerships with local businesses.
- Implementing effective volunteer programs.
- Using technology to improve services.

Action Steps:

Facilitating collaboration is an area in which the information and referral program specialist staff will play a vital role. This staff, working in concert with the business, government and voluntary partnership, will assist I&R providers in assessing needs, planning specific activities, determining timeframes for implementation, providing technical assistance to facilitate networking, and evaluating outcomes. Specific steps will include:

- Publish statewide newsletters describing productive I&R programs and innovative solutions to problems.
- Facilitate meetings of all I&R programs in the community.

- Promote collaboration among I&R providers and other health and human services providers.
- Develop regional and statewide I&R conferences.
- Provide technical assistance and facilitate communication among I&R providers to resolve problems and enhance services and community relationships. This will entail consultative visits to local communities.
- Identify and publicize exemplary programs and services.
- Promote sharing of information between state level I&R programs and local I&R services.
- Evaluate outcomes of technical assistance.

Benefits:

- Improves awareness of issues, successful techniques for services delivery, program operation, funding and opportunities for problem resolution.
- Improves quality of I&R services as I&R providers have forums to learn from one another's experiences.
- Encourages more efficient use of I&R programs by state agencies and other service providers as their staffs are exposed to newsletters, training and meetings carried out as a part of the networking effort.
- Improves communication among state and local I&R providers, facilitating the collection of information on community and state resources, problems, service gaps and duplications.

4. Promote Model Standards for Texas I&R Programs

The development, promotion and adoption of model standards will improve the quality and consistency of services, enhance the ability of I&R providers across the state to share information and communicate effectively with one another, and lay the foundation for future steps.

Standards promoted will be based upon and consistent with those developed by the United Way of America and the Alliance of Information and Referral Systems. They will be flexible enough to apply to a wide range of I&R programs and be regarded as targets for the provision of information and referral services. The standards will address integration and cooperation of I&R programs within communities, taxonomies, resource files, data collection, analysis and reporting, staffing and training, service delivery functions, and organizational structures.

Action Steps:

- Review available standards applicable to I&R programs.
- Develop a profile of areas of community programming, services delivery and organizational structure components to which standards will apply. Input regarding components to be included will be solicited from state agencies, other funding entities and I&R providers.
- Establish realistic standards to be used as targets for I&R programs.
- Promote standards, including working with funding entities to establish incentives for adoption of standards by providers.

Benefits:

- Enhances abilities of I&R programs to share similar information and to communicate with one another.
- Increases consistency in the quality of I&R services as programs strive for the continuing enhancement entailed by standards adoption.
- Increases uniformity in classification systems, resource file development and maintenance, data collection procedures, promotion of community awareness, staff training, data analysis and reporting.
- Improves the ability to gather statewide information on service needs, gaps, and duplications.
- Encourages more uniformity in state agency definitions, purchase and assessment of information and referral, as the standards become more widely known, accepted, and used by agencies to make contracting decisions.
- Provides a foundation for future improvements, including the development of generic information systems and improved statewide planning capabilities.

5. Develop an Automated Clearinghouse of Information on State-Provided Health and Human Services

Based on the responses to the I&R provider survey conducted as a part of this project, the number one need of those providers is the need for up-to-date information on services provided by state agencies. State agency personnel similarly voice the need for better information on the services of other agencies. Since many people need help that must be provided by more than one state agency, it is important that a single source of information on state-provided health and human services be available.

Though individual providers and state agency personnel are usually familiar with the state services that are specific to their target populations, no effective means of learning about changes to these services exists. Typically, providers and state agency staff continue to refer people based on out-of-date information until they are informed by a personal contact at the agency in question or receive feedback which causes them to pursue information about the change. Often an investigative effort is required to obtain updated information. When this scenario is repeated by many providers across many state agencies and communities, the cumulative effect in terms of erroneous referrals and redundant effort is significant.

For this reason the Task Force recommends the establishment of a clearinghouse of state agency program information. This information will complement, enhance, and be scrupulously coordinated with other sources of state agency information, such as the Governor's Office of Citizen Assistance. The clearinghouse would be most effective in an automated form and could use the THHSCC publication Health and Human Services in Texas: A Reference Guide as a beginning basis for the information. Of critical importance, however, is the need to expand the information contained within that publication and to keep that information up to date. This will require a commitment of the Agency Heads of the health and human service agencies to ensure that procedures and responsibilities are defined within each agency to update this information as it changes.

To facilitate updating and communicating this information, the Task Force recommends that this clearinghouse be developed as an automated information system.

Action Steps:

- Define the scope of the system in terms of data maintained, functions and features.
- Determine means for the public to access the system.
- Determine the resources and costs required to develop the clearinghouse.
- Determine level of participation required by each agency.
- Obtain agency commitment.
- Develop funding requirements and sources.
- Obtain funding and other resources needed.
- Develop automated clearinghouse of state agency information.

Benefits:

- Provides a single, comprehensive source of information on state agency services, general eligibility requirements and programs.
- Provides prompt communication of changes to state agency programs.
- Reduces the burden on the consumer in identifying all state provided services.
- Aids in identifying gaps and redundancy in state-provided services.

B. PREPARING FOR THE FUTURE: TECHNOLOGY OPPORTUNITIES

Though specific approaches for the implementation of a statewide information and referral network cannot be determined until the results of the first phase are assessed, there was a great deal of agreement on the functional characteristics of an ideal system toward which we should move. This was particularly true in the areas of fostering public awareness, ensuring diverse means of access for the many users of I&R, and effectively and efficiently meeting the needs of consumers, service providers, planners, administrators and funders. The Task Force agreed that an ideal system, some components of which are already in place, would:

- Be broadly visible and popularly understood. The point of entry to the I&R services should be well-known and easily remembered. Means to facilitate such public awareness might include ongoing media campaigns, including public service programming, use of television, radio, newspapers, magazines, ads in public transportation, brochures, telephone directories, billboards, church bulletins, organizational newsletters, posters in public places, information sent home to parents through schools and day care centers, flyers in bank statements, materials provided by companies and agencies to employees and information in public agency mailings to their clients.

- Be accessible to all persons. Diverse means of access should be available to meet the needs of individual users. These might include:

  - Person-to-person (walk-in) contact.

  - 1-800 telephone numbers (including TDD lines) with personal contact to determine the need and make the referral.

  - 1-800 telephone numbers (including TDD lines) with voice recognition/generation systems to assist people in accessing the appropriate information.

  - Printed directories available for use by public and private organizations.

  - Interactive computers in public locations such as malls, libraries, places of work, stores, volunteer centers, senior citizen centers, chambers of commerce, schools, health clinics and hospitals.

  - Computer-to-computer access using telecommunications.

- Include comprehensive, accurate information on statewide and local programs, both public and private.

- Serve as a tool for state agency staff and other health and human services providers to use to help people locate services.

- Be responsive to the individual needs of people seeking information, empowering them to meet their own human services needs to the greatest extent possible.

- Provide support to I&R programs to help them respond optimally to information requests. This could include facilitating networking and communication, developing a database of I&R programs, supporting conference calling and enhanced communications technologies, providing information on state agency programs, and supporting staff training.

- Provide for the uniform collection of aggregate data to use for I&R program management and to use in identifying community and state services needs and gaps. This information could support forecasting, workload management, resource utilization reporting, identification of services gaps and duplications, performance evaluations, demograpic analyses and cost reporting.

Another point of consensus was the importance of ensuring that the organizational approach for administering any future I&R system be specific to the local area where services are provided. Organizationally, such a system might be administered on a metropolitan, county, multi-county, or SMSA basis, depending on the needs of the specific geographic area being served.

Without doubt, the future holds great promise. Many recent advances in information technology present exciting opportunities for use in information and referral. Automation can free human resources from many of the tedious and time-consuming activities which currently take away from the time that could be spent helping people. By using information technology judiciously, scarce human resources can be focused more effectively on those who most need perceptive assessment and personal guidance to sources of help, while allowing others to obtain information directly, without human assistance.

Presented below are examples of some of the most promising information technologies which could support the requirements of the ideal I&R system toward which we will continually strive. Though not an exhaustive list, these technologies will significantly enhance the way that automation can positively affect the lives of Texans in the future. These new technologies can facilitate computer interaction for casual or first time users, permit the dissemination of vast amounts of data cheaply, and increase the I&R providers' abilities to meet the service needs of their clients. Since we stand on the brink of their widespread use, it is important that the approach to implementing a statewide network in Texas position the state and its citizens to reap the maximum benefit from these and other advancements.

Digital Video - Interactive (DVI)

Digital interactive video/audio technology merges full motion picture video and audio, providing television style viewing and sound for the personal computer system. Microcomputer based applications utilize this effective means of information presentation to allow for more user-friendly interaction between computers and their users.

The significant enhancements that DVI brings to the human/computer interface will provide some of the most notable advancements for computer technologies in the 1990s. Ease of use is the major benefit produced by DVI. This technology overcomes much of the learning curve and need for computer skills that currently limit the ability of large portions of the general public to directly interact with a computer. With DVI almost any individual, regardless of computer literacy or typing skills, would be capable of interacting with computer systems.

Interactive video would allow the general population to easily and effectively interact with computers in public access areas such as malls and libraries. Short video and audio sequences prompt system users to perform actions such as pressing keys or touching areas of the screen to select menu options or define search criteria. Referrals or other automated feedback can then be communicated to the user using the same video/audio format.

CD-ROM

CD-ROM (Compact Disc-Read Only Memory) is a read-only data storage medium capable of storing digitized text, data, images, and sound. CD-ROM readers (similar in function to a CD player) are relatively inexpensive and are readily available. A single CD-ROM disk similar to that used for recording music can hold up to 600 MB of data.

CD-ROMS are typically used by businesses that publish catalogs, technical documents, equipment manuals, etc. The primary purpose of CD-ROM technology is to support the dissemination of large amounts of data to many users where rapid access and infrequent updates to the data are characteristic. Many of the benefits of CD-ROM are derived from the fact that it uses optical storage technology. The primary advantage of optical storage devices is storage density: a lot more information can be stored on an optical disk than on a comparably sized magnetic disk. Another advantage of optical storage is that it is less sensitive to deterioration or contamination. Optical disks are also less susceptible to hardware failures. The primary disadvantage to optical technology is that update capabilities are limited or, in the case of today's CD-ROM, non-existent. The emergence of standards for CD-ROM file and directory structure have greatly solidified the CD-ROM's status and future and as a result this technology holds great promise for certain types of applications.

CD-ROM technology can provide a cost effective means of distributing access to large databases without incurring telecommunications hardware, software and line costs. CD-ROM readers can typically be added to existing stand alone or network-based micro-computer workstations and can significantly increase their data access capabilities .

Expert Systems Technology

Expert Systems are composed of computer programs capable of emulating human expertise through the use of a knowledge base and inference rules to solve selected kinds of problems. This technology allows an organization to perform certain functions requiring complex, rule-based analysis in a more cost effective and uniform manner. Characteristics of an expert system problem/application are:

- Complex logic
- Scarcity of experts
- Many conditions and alternatives
- User group dispersed geographically
- Desired consistency in the rules of application

Though artificial intelligence and expert systems have long been considered a potentially revolutionary force in information systems technology, the progress in applying this technology has been slow. However, this technology has shown a recent increase in applicability for certain specialized applications. For example, in Merced County California, an expert system will be used to support eligibility decisions for county welfare programs. The U.S. Securities and Exchange Commission uses expert system technology to analyze financial statements, and to analyze the text of proxy statements to identify issues of interest. Expert systems can:

- Improve customer service
- Free up scarce expert resources
- Impose uniformity in policy application
- Capture undocumented knowledge and procedures

An expert system can potentially aid in determining an individual's general program eligibility, and in identifying an individual's related I&R needs. Such a system can pursue a line of questions based on the user's specific responses rather than a on a predefined branch of logic. This approach can result in a pattern of questions and resulting referrals unique to the individual user.

Touch Screen Technology

Touch screens allow a first time computer user to interact with a computer and application program without typing or the use of other special skills, such as the positioning techniques used with a pointing device such as a mouse. Input to the program is achieved by touching a specified location on the surface of the monitor screen itself. Touch screens are ideal for selection-based applications, where easy-to-follow menus guide the casual or first time computer user through a series of steps or choices. Touch input devices provide an appealing, accurate, effective, and efficient means of communicating with computer based applications systems.

Characteristics for application of touch-screen-technology include:

- Large number of users lacking computer or typing skills
- Screening functionality
- Selection based applications

For example, a touch screen application can prompt the user to select the Spanish language by having them touch the word "Espanol" on the screen. Further menu or other selections can be made in the same way.

Voice Technology

Voice technology can be separated into three types: voice synthesis, voice recognition and voice response.

Voice or speech synthesis (voice output) involves computer systems and applications that manipulate sound to simulate a human voice. Speech synthesis is used in many different business applications, allowing computer systems to provide information without taping messages prior to their use. Many banks, for example, provide account inquiry using synthesized voice response.

Speech or voice recognition (voice input) systems allow the input of numbers, commands, and verbage into computer systems. Speech recognition systems attempt to overcome the limitations of the standard keyboard as a data entry device. For untrained or unskilled users, a keyboard can be a slow, cumbersome, and error-prone approach to entering data. Voice recognition technology has yet to mature but future advances hold great potential. At some point in the future, users of an I&R system will be able to hold an interactive conversation with a computer, providing input and receiving output through the spoken word.

Voice response systems use prerecorded messages to respond to users requests. As the application is being used, the appropriate prerecorded voice response is initiated. Voice response systems are the most popular current speech technology application. Any message that may be prerecorded and used to respond to a set of predefined menu selections is appropriate for a voice response system. Voice response systems are a mature technology. Further advances will reduce costs and promote effectiveness.

Graphical User Interface

A Graphical User Interface (GUI) uses icons and/or other symbols that are framed in the border of the computer screen. The end user uses a pointing device, such as a mouse, and/or the keyboard to select and activate icons to perform automated functions thereby replacing computer commands. GUI's are often referred to as "windowed" environments.

Graphical User Interfaces allow different types of end users (both experts and novices) to save time, reduce learning curves, and make programs more powerful and easier to use. This is accomplished by utilizing the natural human ability to more quickly grasp and better understand information that is represented in a graphics format.

Though providing significant benefits over traditional menu or command driven interfaces, the high processing overhead and lack of vendor support for GUI's have limited their use. However, with the advent of more powerful microcomputers and increasing user demand, GUI's are likely to become the standard for the future.

Commercial Software

The continuing decline in the cost of automation coupled with a dramatic increase in processing power, particularly in the realm of microcomputers, has led to a growing market for application software. This is especially true in the I&R industry. In response to the increasing demand, numerous software vendors have begun marketing I&R software products. Most of these products were initially developed by or in conjunction with I&R service providers. Some provide generic frameworks for I&R data management and inquiry built around a standard taxonomy, such as UWASIS or InfoLine. Others are specific to a target population and/or geographic location and include the resource database. The vendors include both I&R providers and private sector software companies. Most of the available software is designed for the microcomputer environment, typically IBM compatible. Most products are available for standalone PC and LAN environments. Some are available for other multiuser microcomputer environments, minicomputer and mainframe platforms.

C. FISCAL FEASIBILITY

To continue the progress which has already been made, the commitment of a minimum level of full time resources will be required. It will also be important to provide a core group of personnel to provide continuity as resources from other sources are acquired. To provide this continuity and to ensure continued progress, the Task Force anticipates the need for three full time staff to begin the activities described in previous sections. As the partnership refines and finalizes the scope of each activity, additional resource requirements may emerge. The partnership will develop the alternatives for acquiring funding and other additional resources. A few of the many possibilities are financial contributions, loaned staff from state agencies, use of office space, equipment donations, and the use of interns from universities.

This approach is currently being used successfully to carry out Recommendation 2, development of a directory of I&R programs. Resources have been volunteered by the Texas Alliance of Information and Referral Services, the Texas Planning Council for Developmental Disabilities, Southwestern Bell Telephone, the Texas Council of Community Mental Health and Mental Retardation Centers, the Texas Health and Human Services Coordinating Council, and the Texas Commission for the Blind. These voluntary contributions demonstrate the commitment to improving the delivery of I&R services by these organizations.

Minimum staffing costs to initiate the recommended activities are estimated to be approximately $160,000. This amount reflects the salary cost plus fringe benefits of three full time I&R program specialists, an administrative technician and part-time supervision of these personnel. Travel costs, administrative overhead and other costs will approximate an additional $130,000.

IV. CONCLUSION

Implementation of the five recommendations in this plan will significantly increase the effectiveness of the delivery of information and referral services in Texas - and will provide a foundation for future improvements. These recommendations can be implemented at a relatively low cost, with no disruption in services, and without superimposing additional systems or cumbersome layers. Implicit in this approach is the principle that existing state and local information and referral services should be used to build information and referral networks, thereby reducing unnecessary duplication and competition, providing broad-based ownership of the network and fostering efficient organization of resources.

The outcomes of implementation of each of these five recommendations will help determine the course of future improvements. The implementation of the recommendations in this plan must be conceptualized as the first phase in a continuum of solutions, each phase dependent on the outcome of the phases preceding it. Such an approach of incremental, deliberate, continually developing improvements requires ongoing evaluation of costs and benefits and corresponding adjustments in course. Throughout the process, momentum must not be lost, enthusiasm must remain high and movement toward the goal must be actively pursued. There must be a driving force to ensure continual progress.

This plan therefore recommends a structure to tap the energies of people with vision, power, resources, commitment, and belief in the vital role of information and referral. The business, government and voluntary partnership at the state level and the information and referral specialist staff at the service delivery level will spearhead the initial effort and provide the impetus and support to ensure ongoing movement forward.

The presence of ardent champions will, in itself, help in improving the public awareness, coordination and effectiveness of information and referral services. The directory of information and referral programs, the enhancement of networking mechanisms, the availability of current, comprehensive, automated information on state agency services and the establishment of standards will greatly fortify information and referral in Texas. Equally important, promptly implementing the recommendations in this first phase will build a strong foundation, positioning the state and its citizens to reap the maximum benefit from technological advancements.

The time is right to begin this process of incremental improvements in the availability of comprehensive information and referral services. The key players are committed to coordinating and maximizing the effective use of scarce resources. It is, however, imperative that progress be planned and made carefully and that each phase be evaluated scrupulously to determine the best future direction.

Implementation of the five recommendations in this plan is the vital first step. The potential will then be great for a network of services which increasingly meets the requirements of federal and state mandates for information services, makes optimal use of public and private resources, and - ultimately - provides a visible and easily accessible way for people to find the services they need.